

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code	1311	,1311 (Prior Period)	NAIC Company Code _	95844	Employer's ID Number	38-2242827
Organized under the Laws of	,	Michigan	Stat	e of Domicile or	Port of Entry	Michigan
Country of Domicile		-		ed States		
Licensed as business type:	Life. Accid	ent & Health []	Property/Casualty [1 H	ospital, Medical & Dental S	ervice or Indemnity []
		rvice Corporation []	. , , , , ,	•	ealth Maintenance Organiz	,
	Other []		Is HMO, Federally		_	
Incorporated/Organized		06/27/1978	Commend	ed Business	02/08/1	1979
Statutory Home Office		2850 West Grand	Roulevard		Detroit, MI, US 48	3202
		(Street and Nur		_ ,	(City or Town, State, Country a	
Main Administrative Office				est Grand Boul	evard	
De	etroit, MI, US	S 48202	(Street and Number)	313-872-8100	
, ,	wn, State, Cour	try and Zip Code)		(A	Area Code) (Telephone Number)	
Mail Address		West Grand Boulevard eet and Number or P.O. Box)	<u> </u>		Detroit, MI, US 48202 City or Town, State, Country and Zig	
Primary Location of Books a	,	,			rand Boulevard	,
	-4:4 NAL LIG			(Street a	nd Number)	
	etroit, MI, US wn, State, Cour	try and Zip Code)	,	(Area C	248-443-1093 rode) (Telephone Number) (Extension	 on)
Internet Web Site Address			WV	vw.hap.org		
Statutory Statement Contac	t	Dianna L Rona	n CPA,	_	248-443-1093	
	dronan@ha	(Name) p.org			(Area Code) (Telephone Number) 248-443-8610	(Extension)
	(E-Mail Addr	ess)			(Fax Number)	
			OFFICERS			
Name		Title		Name		Title
Teresa L Kline # Edith L Eisenmann	, .	President and Secretary		Todd E Hutchi Dan E Champ	,	Treasurer sistant Secretary
Luiti L Liseiinaiii	·	<u>, </u>	OTHER OFFICE	•	, <u>As</u>	sstant Secretary
					·	
Marvin W Beatty		DIKE Shari L Burge	CTORS OR TRU	JSTEES dra A Cavette M	1PH RDH Rosa	alind E Denning #
Colleen M Ezzeddine F	Ph D	Joyce V Hayes-	-Giles	Harvey Hollins	s III Jar	mie C Hsu Ph D
Teresa L Kline # Susanne M Mitchel		Wright L Lassit Marguerite S F		Raymond C Lo		udith S Milosic lames G Vella
State of	Michigan					
County of	_	SS				
The officers of this reporting en above, all of the herein describ that this statement, together w liabilities and of the condition a and have been completed in ac may differ; or, (2) that state rulk knowledge and belief, respective when required, that is an exacregulators in lieu of or in additional control of the cont	tity, being du ed assets we ith related ex nd affairs of t cordance with es or regulation rely. Furthern t copy (excep	y sworn, each depose and re the absolute property of hibits, schedules and expluse said reporting entity as the NAIC Annual Stateme ons require differences in rore, the scope of this attet for formatting differences	the said reporting entity, fre anations therein contained, of the reporting period state ent Instructions and Accounti reporting not related to acco- station by the described office	ee and clear from annexed or refer d above, and of it ing Practices and I unting practices a cers also includes	any liens or claims thereon, ex red to, is a full and true stater states and deductions there Procedures manual except to the according to the the related corresponding elec	cept as herein stated, and ment of all the assets and from for the period ended, ne extent that: (1) state law e best of their information, stronic filing with the NAIC,
Teresa L President a			Todd E Hutchison Treasurer		Dan E. Cl Assistant	
Subscribed and sworn to budget day of		is ,		b. If no 1. Sta 2. Da	s an original filing? : ate the amendment number ate filed imber of pages attached	Yes [X] No []
Desired to the Company						
Roderick Irwin Curry, Notar August 14 2020	У					

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						138,720
Group subscribers:						
Ford Motor Company	19,139,651					
Federal Employees Health Benefit Plan	10,015,154	1,152,315				11,167,469
Group subscribers: Ford Motor Company. Federal Employees Health Benefit Plan. UAW Retiree Medical Benefit Trust.	1,459,715					1,459,715
2000007 O		1,152,315	0	Λ		24 766 025
0299997 Group subscriber subtotal	6,124,944			υ	J	31,766,835
0299998 Premiums due and unpaid not individually listed		1.427.745	0	0	1	
0299999 Total group	1,042,759	1,427,740		0	1	1,042,759
0499999 Premiums due and unpaid from Medicare entities	1,042,759					
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	37,920,943	1,427,745	0	0	0	39,348,687

EXHIBIT 3 - HEALTH CARE RECEIVABLES

EXHIBIT OF HEALTH CARL RECEIVABLES									
1 Name of Debtor	2 1 - 30 Days 9,496,268 9,496,268	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted			
0199998 - Aggregate of amounts not individually listed above.	9.496.268				3,840,770	5,655,497			
0199999 - Pharmaceutical Rebate Receivables	9,496,268	0	0	0	3,840,770	5,655,497			
0499998 - Aggregate of amounts not individually listed above.	1,101,375	<u>`</u>	1		2,2.2,	1,101,375			
049999 - Capitation Arrangement Receivables	1,101,375	0	0	0	0	1,101,375			
0599998 - Aggregate of amounts not individually listed above	7,996,337	<u>_</u>	·		-	7,996,337			
0599998 - Aggregate of amounts not individually listed above. 0599999 - Risk sharing Receivables	7,996,337	0	0	0	0	7,996,337			
0699998 - Aggregate of amounts not individually listed above	9,957,402	<u> </u>	, i		Ů	9,957,402			
0699998 - Aggregate of amounts not individually listed above. 0699999 - Other Receivables	9,957,402	0	0	n n	0	9,957,402			
0000000 - Other Receivables	3,337,402	0	·	0	0	3,331,402			
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0799999 Gross Health Care Receivables	28.551.382	Λ	1	n n	3.840.770	24.710.612			

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	15,480,036	9,467,997		9,496,268	15,480,036	10,603,886
Claim overpayment receivables					0	
3. Loans and advances to providers					0	
Capitation arrangement receivables	620,804	1,878,986		1,101,375	620,804	3,324,260
Risk sharing receivables	3,136,752			7,996,337	3,136,752	3 ,507 ,864
6. Other health care receivables		2,174,487		9,957,402	1,273,029	5 ,806 ,935
7. Totals (Lines 1 through 6)	20,510,621	13,521,470	0	28,551,382	20,510,621	23,242,945

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

1 Account ims Unpaid (Reported)	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6	_7
	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Davs		
ims Unnaid (Penorted)				00 Dayo	Over 120 Days	Total
ms Oripaid (Reported)						1
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19999 Individually listed claims unpaid				0	0	2 027 220
19999 Aggregate accounts not individually listed-uncovered		76,384 1,638,428	23,418 434,124	26 ,482 277 ,640	220,717 2,459,711	3,637,329 38,779,618
19999 Aggregate accounts not individually listed-covered	37,260,043	1,714,812	457,542	304,122	2,439,711	
19999 Subtotals 19999 Unreported claims and other claim reserves	37,200,043	1,714,012	457,542	304,122	2,000,420	42,416,947 106,022,742
19999 Total amounts withheld						10,501,469
19999 Total claims unpaid						158,941,158
19999 Accrued medical incentive pool and bonus amounts						9,786,123

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admi	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
HAP Midwest Health Plan, Inc.	26,329,562						
Alliance Health and Life Insurance Co	5,790,354					5,790,354	
HAP Preferred, Inc	1,005,588					1,005,588	
Alliance Health and Life Insurance Co	5,000					5,000	
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			·	<u> </u>	1		
				1	<u> </u>		
0199999 Individually listed receivables	33,130,504	l0	0	0	0	33,130,504	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	33,130,504	0	0	0	0	33,130,504	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Admin Sys Research Corp.	Stock transfer and redemption agreement	 12,724,185	12,724,185	
Henry Ford Health System.	Management Fees and Reimbursements	 2,143,047	2,143,047	
Alliance Health and Life Insurance Co	Management Fees and Reimbursements	 533,895	533,895	
Admin Sys Research Corp Henry Ford Health System Alliance Health and Life Insurance Co HAP Preferred, Inc.	Stock transfer and redemption agreement. Management Fees and Reimbursements. Management Fees and Reimbursements. Health Choice Plan.	 186,618	186,618	
0199999 Individually listed payables		 15,587,746	15,587,746	0
0199999 Individually listed payables		 	<u> </u>	
0399999 Total gross payables		15,587,746	15,587,746	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	319,958,002	18.4	147,908	51.4	153,696,430	166, 261, 572
Intermediaries		0.0		0.0		
3. All other providers	5,349,946	0.3	140,052	48.6		5,349,946
4. Total capitation payments		18.7	287,960	100.0	153,696,430	171,611,518
Other Payments:						
5. Fee-for-service		3.6	xxx	XXX	9,552	62,565,739
Contractual fee payments	1,334,791,629	76.9	xxx	XXX	156,754,474	
Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments		8.0	xxx	XXX	2,229,858	11,799,564
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		0.0	xxx	XXX		<u> </u>
12. Total other payments	1,411,396,342	81.3	xxx	XXX	158,993,884	1,252,402,458
13. Total (Line 4 plus Line 12)	1,736,704,290	100 %	XXX	XXX	312,690,314	1,424,013,976

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS		VIAIT DIVILIT	3	
1		3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			<u> </u>]	
	NIONIT				
	NONE	-		i	
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		-	 		
			 		
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	31,881,894	0	12,295,353	0	19,586,540	0
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	31,881,894	0	12,295,353	0	19,586,540	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

INIO O DE LA COLLA DISCONIZIONE CTATE O	SEA				2010			(LOCATION)	100	0=044
AIC Group Code 1311 BUSINESS IN THE STATE C	OF Michigan	Compreh		DURING THE YEAR 2	2016			NA	IC Company Code	95844 I
	1	(Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	317,226	12,275	221,462				19,996	63,493		
2 First Quarter	297 ,561	13,337	204,541				18,385	61,298		
3 Second Quarter	291,101	12,610	198,984				18,258	61,249		
4. Third Quarter	289,795	12,160	198,083				18,160	61,392		
5. Current Year	287,960	11,644	196,858				18,094	61,364		
6 Current Year Member Months	3,509,231	150,442	2,403,584				219,102	736,103		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,300,104	38,772	884,341				87 , 505	289,486		
8. Non-Physician	610,644	6,091	274,338				26,076	304,139		
9. Total	1,910,748	44,863	1,158,679	0	0	0	113,581	593,625	0	
10. Hospital Patient Days Incurred	166,134	1,386	57,474				4,539	102,735		
11. Number of Inpatient Admissions	32,886	237	12,965				1,112	18,572		
12. Health Premiums Written (b)	1,927,274,097	48 , 156 , 553	1,052,326,600				125 , 543 , 876	701,247,068		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,927,274,097	48 , 156 , 553	1,052,326,600				125 , 543 , 876	701,247,068		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,736,704,290	39 , 191 , 308	929,353,340				119 ,923 ,223	648,236,419		
18. Amount Incurred for Provision of Health Care Services	1,736,102,108	36,326,149	927 , 287 , 647				120,435,922	652,052,390		

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......701,247,068



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2.

NAIC Group Code 1311 BUSINESS IN THE STATE O	OF Consolidated			DURING THE YEAR	2016			(LOCATION)	IC Company Code	95844
INTIO GROUP GOOD TOTT BOOMINESS IN THE STATE C	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	317 ,226	12,275	221,462	0	0	0	19,996	63,493	0	
2 First Quarter	297 ,561	13,337	204,541	0	0	0	18,385	61,298	0	
3 Second Quarter	291,101	12,610	198,984	0	0	0	18,258	61,249	0	(
4. Third Quarter	289 ,795	12,160	198,083	0	0	0	18 , 160	61,392	0	(
5. Current Year	287,960	11,644	196,858	0	0	0	18,094	61,364	0	C
6 Current Year Member Months	3,509,231	150,442	2,403,584	0	0	0	219,102	736,103	0	(
Total Member Ambulatory Encounters for Year:										
7. Physician	1,300,104	38,772	884,341	0	0	0	87,505	289,486	0	
8. Non-Physician	610,644	6,091	274,338	0	0	0	26,076	304,139	0	(
9. Total	1,910,748	44,863	1,158,679	0	0	0	113,581	593,625	0	(
10. Hospital Patient Days Incurred	166,134	1,386	57 ,474	0	0	0	4,539	102,735	0	(
11. Number of Inpatient Admissions	32,886	237	12,965	0	0	0	1,112	18,572	0	(
12. Health Premiums Written (b)	1,927,274,097	48 , 156 , 553	1,052,326,600	0	0	0	125,543,876	701,247,068	0	(
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	(
14. Property/Casualty Premiums Written	0	0	<u> </u> 0	0	0	0	0	0	0	
15. Health Premiums Earned	1,927,274,097	48 , 156 , 553	1,052,326,600	0	0	0	125,543,876	701,247,068	0	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	(
17. Amount Paid for Provision of Health Care Services	1,736,704,290	39 , 191 , 308	929,353,340	0	0	0	119,923,223	648,236,419	0	
18. Amount Incurred for Provision of Health Care Services	1,736,102,108	36,326,149	927 , 287 , 647	0	0	0	120,435,922	652,052,390	0	(

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......701,247,068

C.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Posonyo Liability	10	11	12
NAIC					Type of			Reserve Liability Other Than For	Reinsurance	Modified	
Company	ID			Domiciliary	Type of Reinsurance		Unearned	Unearned	Pavable on Paid	Coinsurance	Funds Withheld
Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Assumed	Premiums	Premiums	Premiums	Payable on Paid and Unpaid Losses	Reserve	Funds Withheld Under Coinsurance
Code	Number	Ellective Date	Name of Remsuled	Julisuiction	Assumed	Fremiums	Fielillullis	FIGILIALIS	and Onpaid Losses	Reserve	Under Comsulation
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SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

	2 Re	3	able on Paid and Unpaid Losses Listed by Rei 4	nsuring Company as of December 31, Current 5	fear 6	7
1						
NAIC			Name			
Company	ID Number	Effective	of	Domiciliary	Paid	Unpaid
Code Accident and Hea	Number alth – Non-Affili	Date ates - U.S. Non-Aff	Company iliates	Jurisdiction	Losses	Losses
11835	04 - 1590940	01/01/2016	PARTNERRE AMER INS CO. US Dept of Hith & Human Serv	DE	1,057,192	0
00000 00000	AA-9990032 AA-9990032	01/01/2016	IUS Dept of Hith & Human Serv		1,163,331 97,979	82 , 148 0
1999999 - Acc	ident and Health	- Non-Affiliates - I	U.S. Non-Affiliates		2,318,502	82,148
2199999 - Acc	ident and Health	 Non-Affiliates - Total Accident an 	Total Non-Affiliates		2,318,502 2,318,502	82,148 82,148
2399999 - Tota	al U.S. (Sum of C	399999, 0899999, 14	99999 and 1999999)		2,318,502	82,148
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9999999 To	tals—Life, Annu	uity and Accident ar	nd Health (Sum of 1199999 and 2299999)		2,318,502	82,148

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SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31. Current Year

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year												
					6	7							
1	2	3	4	5			8	9	10	Outstanding S	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			es - U.S. Non-Affiliates	ounoulou.	00000	00000		(Louinatou)	[0.104.1104.1.101.114.110]	ourrone rour	1 1101 1001	11000110	0.140. 00.1104.41.100
39845	48-0921045		WESTPORT INS CORP	MO	SSL/G/A	CMM	252,245						1
00000	AA -9990032	01/01/2016	US Dept of Hith & Human Serv	DC.	OTH/ I / A	CMM	1,113,937		· [
11835	04 - 1590940	01/01/2016	PARTNERRE AMER INS CO.	DE.	SSL/1/A	CMM_	7,600						
11835	04 - 1590940	01/01/2016	PARTNERRE AMER INS CO	DE.	SSL/G/A		173,282						
11835	04 - 1590940	01/01/2016	PARTNERRE AMER INS CO.	DE.	SSL/G/A	FEHBP	12,523						
00000	AA -9990032	01/01/2016	US Dept of Hith & Human Serv	DC	OTH/ I / A	CMM	29,401						
11835	04 - 1590940	01/01/2016	PARTNERRE AMER INS CO.	DE	SSL/G/A	MR.	21,786						
11835	04 - 1590940	01/01/2016	PARTNERRE AMER INS CO.	DE	SSL/1/A	MR	7,672						
			lon-Affiliates - U.S. Non-Affiliates				1.618.446	0	0	0	0	0	0
			Ion-Affiliates - Total Authorized Non-Affiliates				1,618,446	0		0	0	n	0
			otal General Account Authorized				1,618,446	0		0	0	0	0
			Account Authorized, Unauthorized and Certified				1,618,446	0	· ·	0	0	0	0
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6999999	- 10tal U.S. (Sum	01 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 3799999	, 4299999, 48999999,	5399999, 5999999 and	0499999)	1,618,446	0	0	0	U	U	U
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9999999	7 Totals						1,618,446	0	0	0	0	0	0
0000000	, . J. (all)						1,010,110	0	· · · · · · · · · · · · · · · · · · ·	0		·	

Schedule S - Part 4
NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1	Omitted) 2	3	4	5
	2016	2015	2014	2013	2012
A. OPERATIONS ITEMS					
1. Premiums	1,589	1,502	690	489	0
2. Title XVIII-Medicare	29	56	0	0	0
Title XIX-Medicaid	0	0	0	0	0
Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	2,401	4,993	4,695	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable	82	221	239	0	0
Reinsurance recoverable on paid losses	2,319	5,268	4,455	0	0
Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	406,228,892		406 , 228 , 892
2.	Accident and health premiums due and unpaid (Line 15)	44,793,843		44,793,843
3.	Amounts recoverable from reinsurers (Line 16.1)	2,318,502		2,318,502
4.	Net credit for ceded reinsurance	xxx	2,400,650	2,400,650
5.	All other admitted assets (Balance)	62,127,195		62,127,195
6.	Total assets (Line 28)	515,468,431	2,400,650	517,869,081
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	158,859,010	82 , 148	158 , 941 , 158
8.	Accrued medical incentive pool and bonus payments (Line 2)	9,786,123		9,786,123
9.	Premiums received in advance (Line 8)	15,670,711		15,670,711
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.				0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.				126,756,729
15.	Total liabilities (Line 24)	311,072,573	82,148	311,154,721
16.	Total capital and surplus (Line 33)	204,395,859	xxx	204,395,859
17.	Total liabilities, capital and surplus (Line 34)	515,468,431	82,148	515,550,579
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	82,148		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	2,318,502		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	2,400,650		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	2,400,650		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

		Allocated By States and Territories Direct Business Only 1 2 3 4 5							
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals		
1. Alabama			-		-				
2. Alaska			-						
3. Arizona	AZ								
4. Arkansas									
5. California	CA								
6. Colorado	CO								
7. Connecticut									
8. Delaware									
District of Columbia									
10. Florida									
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. lowa	JA								
17. Kansas	KS								
18. Kentucky									
19. Louisiana	LA								
20. Maine									
21. Maryland									
22. Massachusetts									
23. Michigan									
24. Minnesota									
25. Mississippi					-				
26. Missouri					-				
					-				
27. Montana			\ () \ 		-				
28. Nebraska			ACIAL						
29. Nevada									
30. New Hampshire			-		-				
31. New Jersey			-		-				
32. New Mexico									
33. New York									
34. North Carolina									
35. North Dakota	ND								
36. Ohio	HO								
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota									
43. Tennessee									
44. Texas									
45. Utah									
46. Vermont	VT								
47. Virginia									
48. Washington									
49. West Virginia									
50. Wisconsin									
51. Wyoming									
52. American Samoa									
53. Guam									
54. Puerto Rico									
55. US Virgin Islands			!						
56. Northern Mariana Islands									
57. Canada									
							1		

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
'	_		4		o o	Name of Securities Exchange if	, and the second		Relationship		Type of Control (Ownership, Board,	If Control is		Is an SCA	10
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
	Henry Ford Health Systems						Health Alliance Plan of						Henry Ford Health		
01311	Group	95844	38-2242827				Michigan	MI	RE	Henry Ford Health System	Ownership	100.0		ļ	ر
	Henry Ford Health Systems		00 0540504						20	Health Alliance Plan of		400.0	Henry Ford Health		
	Group		38-2513504				HAP Preferred Inc.		DS	Michigan	Ownership	100.0			
04244	Henry Ford Health Systems	60124	38-3291563				Alliance Health and Life	MI	DS	Health Alliance Plan of	Ownorship	100 0	Henry Ford Health		
01311	GroupHenry Ford Health Systems	60134	38-3291303	-			Insurance CompanyAdministration System Research	JVI I	DS	Michigan Health Alliance Plan of	Ownership	100.0	SystemHenry Ford Health		
	Group		38-2651185				Corporation		DS	Michigan	Ownership	66.7	System		
	Henry Ford Health Systems		30-2031103	-			1001 por at 1011			Health Alliance Plan of			Henry Ford Health		
	Group.		27-0449055				HAP Community Alliance		DS	Michigan	Ownership	100.0	System		. (
	Henry Ford Health Systems						1			Health Alliance Plan of			Henry Ford Health	1	
01311	Group	95814	38-3123777				HAP Midwest Health Plan, Inc	MI	DS	Michigan	Ownership	100.0	System	l	
	Henry Ford Health Systems			1			·						1		
	Group		38-1357020				Henry Ford Health System		UDP			0.0			
	Henry Ford Health Systems		00 0704000									400.0	Henry Ford Health		
	Group		38-2791823				Henry Ford Wyandotte		NIA	Henry Ford Health System	. Ownership	100.0			
	Henry Ford Health Systems		38-2947657				Henry Ford Masomb Hearital		NIA	Hanry Ford Health Cyatam	Ownership	100 0	Henry Ford Health		
	GroupHenry Ford Health Systems		30-294/03/	-			Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	System Henry Ford Health		٠
	Group.		38-3146042				PHO of Mercy Macomb		NIA	Henry Ford Health System	Ownership	50.0			
	Henry Ford Health Systems		30-3140042				Mercy Mt. Clemens Real Estate,			l			Henry Ford Health	1	
	Group		38-2947657				IIIC		NIA	Henry Ford Health System	Ownership	100.0			(
	Henry Ford Health Systems		00 20 11 001										Henry Ford Health	1	
	Group.		38-2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	System		
	Henry Ford Health Systems						· ·						Henry Ford Health		
	Group		33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0			S
	Henry Ford Health Systems		45 0050050				Henry Ford Health System			l		400.0	Henry Ford Health		
	Group		45-3852852				Employment, LLC		NIA	Henry Ford Health System	. Ownership	100.0			
	Henry Ford Health Systems		90-0840304				Henry Ford Innovation Institute		NIA	Hanry Ford Health Cyatam	Ownership	100 0	Henry Ford Health		
	Group Henry Ford Health Systems		90-0040304				Thenry Ford Innovation institute.		N I A	Henry Ford Health System	. Ownership	100.0	SystemHenry Ford Health		
	Group		38-2433285				Henry Ford Continuing Care Corp.		NIA	Henry Ford Health System.	Ownership	100 0	System_		
	Henry Ford Health Systems		00 Z-100Z00	1			Henry Ford Health Care Corp	1		l long rold hourth byston			Henry Ford Health	1	
	Group.		38-6553031	.]]	Self Funded Liability Plan		NIA.	Henry Ford Health System	Ownership	100.0]	
	Henry Ford Health Systems						Henry Ford Health System			1			Henry Ford Health	1	
	Group		23-7383042	.			Foundation		NIA	Henry Ford Health System	. Ownership	100.0	System		
	Henry Ford Health Systems												Henry Ford Health		
	Group		32-0306774	.			Henry Ford Physician Network		NIA	Henry Ford Health System	. Ownership	100.0	System	ļ	ر
	Henry Ford Health Systems		00 000000				Northwest Detroit Dialysis			l.,		50.0	Henry Ford Health		
	Group		38-3232668	.			Centers		NIA	Henry Ford Health System	Ownership	156.3	System.	 	
	Henry Ford Health Systems		45-5325853	1			Homo Dialyaia Cassialty Casta		NI A	Henry Ford Health Cristian	Ownorch:	20.0	Henry Ford Health		
	GroupHenry Ford Health Systems		40-0320803	-			.Home Dialysis Specialty Center Macomb Regional Dialysis		NIA	Henry Ford Health System	. Ownership	30.0	SystemHenry Ford Health	1	
	Group.		26-0423581				Centers LLC		NIA	Henry Ford Health System	Ownership	60.0	System		
	Henry Ford Health Systems		20~042000 I	1							. Omite i siri b		Henry Ford Health	1	
	Group		38-1378121				Sha Realty Corp		NIA	Henry Ford Health System	Ownership.	100.0			. (
	Henry Ford Health Systems							1		January 1 or a 1	1		Henry Ford Health	1	
	Group		90-0659735				Center for Senior Independence		NIA	Henry Ford Health System	Ownership	50.0	System.]	

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
p	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	(Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
	Henry Ford Health Systems	Code	Number	ROOD	OIIC	international)	Of Affiliates	Location	Littly	(Name of Entity/Ferson)	illiluerice, Other)	rercentage	Henry Ford Health	(1/14)	
(Group		26 - 3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	100.0]]	
	Henry Ford Health Systems										1		Henry Ford Health		
	Group		38 - 3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	Ownership	100.0			
	Henry Ford Health Systems Group		11-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		
	Henry Ford Health Systems		F1-2223001				Henry Ford Physicians		N I A	henry Ford hearth System		100.0	Henry Ford Health	1	
	Group	4	16 - 5746225				Accountable Care Org LLC		NIA	Henry Ford Health System	Ownership	100.0	System.		
	Henry Ford Health Systems	i i					Center for Complementary and			,	· ·		Henry Ford Health		
	Group	3	30-0092342				Integrative Medicine		NIA	Henry Ford Health System	Ownership	100.0	System		
	Henry Ford Health Systems		10 1001007				Henry Ford Health Sys					400.0	Henry Ford Health		
	Group Henry Ford Health Systems	4	16 - 4064067	-			Government Affairs Services		NIA	Henry Ford Health System	Ownership	100.0	SystemHenry Ford Health	 	
	Henry Ford Hearth Systems Group		88-3044223				Horizon Medical Building, LP		NIA	Henry Ford Health System	Ownership	32.0			
	Henry Ford Health Systems		0-3044223				Thorrzon Medicar Burrung, Er			l			Henry Ford Health	1	
	Group		16 - 529 1602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System	Ownership.	49.0			
	Henry Ford Health Systems						l "				'		Hénry Ford Health	l l	
	Group	4	17 - 1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System	Ownership	20.0			
	Henry Ford Health Systems						Henry Ford Allegiance Health			l			Henry Ford Health		
	Group Henry Ford Health Systems		38 - 2756428				Group		NIA	Henry Ford Health System Henry Ford Allegiance Health	Ownership	100.0	SystemHenry Ford Health		
	Group		38-2024689				Henry Ford Allegiance Health		NIA	Group.	Ownership	100.0			
	Henry Ford Health Systems		00-2024000				Them's Ford Afregrance hearth			Henry Ford Allegiance Health		100.0	Henry Ford Health		
	Group		88 - 1218485				Henry Ford Allegiance Carelink		NIA	Group	Ownership	100.0	System		
	Henry Ford Health Systems						Henry Ford Allegiance Health			Henry Ford Allegiance Health	· ·		Henry Ford Health		
	Group		38 - 3607833				Foundation		NIA	Group	Ownership	100.0	System		
	Henry Ford Health Systems		00 2270242				Cascades Professional Staffing		NIA	Henry Ford Allegiance Health		100.0	Henry Ford Health		
	Group Henry Ford Health Systems		38-3370242				Corporation			Group Henry Ford Allegiance Health	Ownership	100.0	SystemHenry Ford Health		
	Group]]	37 - 2756161				Viking Health Systems		NIA	Group	Ownership	100.0			
	Henry Ford Health Systems		77 2700101				Triking hourth by bromb			Henry Ford Allegiance Health			Henry Ford Health	1	
(Group	3	88 - 2756425				Healthlink		NIA	Group	Ownership	100.0	System	ll	
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
	Group	4	15-3253643	-			Jackson Health Network, L3C		NIA	Group	Ownership	100.0	System	{	
	Henry Ford Health Systems		98-1132982				Cascades Insurance Company,		I A	Henry Ford Allegiance Health	Ownership	100.0	Henry Ford Health System		
	Group Henry Ford Health Systems		10 - 1 132902				L L I U		A	Group Henry Ford Allegiance Health		100.0	Henry Ford Health		
	Group						Telehealth Michigan		NIA	Group	Ownership	100 0	System		
	Henry Ford Health Systems									Henry Ford Allegiance Health	1		Hénry Ford Health	1	
(Group		88 - 2594857	[]			Physicians Choice Network, LLC		NIA	Group	Ownership	100.0	System		
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
	Group			 			It's Your Life Services, LLC		NIA	Group	Ownership	100.0	System	{	
	Henry Ford Health Systems Group		38 - 2336367				Henry Ford Allegiance Hospice		NIA	Henry Ford Allegiance Health Group	Ownership.	100 0	Henry Ford Health System		
	Henry Ford Health Systems		00-2330301				Jackson Community Medical		N I A	Henry Ford Allegiance Health		100.0	Henry Ford Health	1	
	Group		37 - 1502443				Record, L3C		NIA	Group	Ownership.	100.0	System]	
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SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk Explanation

42

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95844	38-2242827	Health Alliance Plan of Michigan.	58,695,028				l (444.515.074)	- greenerite		(5,000,000)	(390.820.046)	
	38-2513504	HAP Preferred Inc					(7.178.610)				(7 178 610)	
60134	38-3291563	Alliance Health and Life Insurance Compa		30,000,000			L(79.121.191)		ļ		(49, 121, 191)	
	38 - 1357020	Alliance Health and Life Insurance Compa. Henry Ford Health System.		(30,000,000)			442.714.069		ļ	5,000,000	(49 , 121 , 191) 417 ,714 ,069	
	38-2791823	Henry Ford Wyandotte Henry Ford Macomb Hospital			ļ		31,886,973		ļ		31,886,973	
	. 38-2947657	Henry Ford Macomb Hospital			ļ		42,032,559		ļ		42,032,559	
	126-3896897	Henry Ford West Bloomfield					683,361		ļ		683,361	
	38-3322462	P Cor LLC			ļ	ļ	1,825,672		ļ	ļļ	1,825,672	
95814	38-3123777	HAP Midwest Health Plan, Inc.	(54,700,000)		ļ	ļ	(20,817,940)		ļ	ļļ	(75,517,940)	
	. 38-3232668	Northwest Detroit Dialysis Centers			ļ		3,552,635		ļ		3,552,635	
	26-0423581	Macomb Regional Dialysis Centers LLC	/0.005.000\		ļ		445,706				445,706	
	38-2651185 41-2223561	ASR Sys Res Corp Henry Ford Pathology	(3,995,028)				27 ,664 ,185 787 ,853		l		23 , 669 , 157 787 , 853	
	30-0092342	Center for Complimentary and Integrated			 						39,802	
	. 30-0092342	l center for comprimentary and integrated			 							
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.		YES
2.		YES
3.		YES
4.		YES
	APRIL FILING	
5.		YES
6.		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
which	Illowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod pplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following ons.	e will be printed below. If
	MARCH FILING	
11.		N0
12.	•	N0
13.		N0
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
15.	· · · · · ·	NO
16.	•	N0
17.	,	SEE EXPLANATION
18.		SEE EXPLANATION
19.	electronically with the NAIC by March 1?	SEE EXPLANATION
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION
04	APRIL FILING	NO
21.		
22.		NO
23.		N0 YES
24.		
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Expla	nation:	
11.		
12.		
13.		
14. No	ot applicable	
15.		
16.		
17. He	ealth Alliance Plan writes Medicare Part D through its Medicare Advantage Plan	
18. No	ot applicable	
19. No	ot applicable	

20. Not applicable

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25. *ASSETS - Assets

		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. Receivable from trusts.	175,860		175,860	
2505.			0	0
2506.			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	175,860	0	175,860	0

M003 Additional Aggregate Lines for Page 03 Line 23. *LIAB - Liabilities

	1	2	3	4
	Covered	Uncovered	Total	Total
2304. Liability for CMS Coverage Gap Discount Program.	640,035		640,035	92,077
2305. Pavable to trusts	1,032,280		1,032,280	
2397. Summary of remaining write-ins for Line 23 from Page 03	1,672,315	0	1,672,315	92,077

M005 Additional Aggregate Lines for Page 05 Line 47. *REVEX2 - Capital and Surplus Account

4704.	2014 Audit Adjustments	1 Current Year	2 Prior Year (3,162,743)
4705.	2015 Audit Adjustments	4.963.566	(0,102,7.10)
4706.	Put Option Non-Controlling Interest Administration Systems Research Corp.	(27,724,185)	
4797.	Summary of remaining write-ins for Line 47 from Page 05	(22,760,619)	(3,162,743)

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